REQUEST FOR WORK MEASUREMENT STANDARD						DATE OF REQUEST	
			ON OF REQUEST				
2. <b>TO:</b>	PART I - III	WIIIAII	1. FROM:				
3. WORK CENTER NUMBER 4. WORK CENTER NAME					5. ESTIMATE	D ANNUAL MANHOURS	i
C. OPERATION/ITEM/EUNICTION							
6. OPERATION/ITEM/FUNCTION							
7. REQUESTED BY (Signature)			8. TITLE		9. EXTENSIO	N 10. DATE	
			N ON REQUEST				
1. RECEIVED BY	2. TIME 3.	3. DA	TE OF RECEIPT		CHEDULED		
				a. ST	ARTING DATE	b. COMPLETION D	ATE
E ACTION TO BE TAKEN ON BEOLIEGT							
5. ACTION TO BE TAKEN ON REQUEST							
6. SIGNATURE			7. TITLE		8. EXTENSIO	N 9. DATE	
6. SIGNATURE			7. TITLE		8. EXTENSIO	N 9. DATE	